

January 27, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-13

This All County Letter announces process changes to County Welfare Departments (CWDs) that impact requirements for replacing electronically stolen cash and CalFresh food benefits. This letter includes a revised EBT 2259 form and makes changes to the benefit replacement process intended to ease the process for EBT cardholders.



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

January 27, 2023

ALL COUNTY LETTER NO. 23-13

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY CALFRESH PROGRAM SPECIALISTS
ALL COUNTY CALWORKS PROGRAM SPECIALISTS
ALL COUNTY DISTRICT ATTORNEYS
ALL COUNTY ELECTRONIC BENEFITS TRANSFER (EBT)
COORDINATORS
ALL COUNTY SPECIAL INVESTIGATIVE UNITS (SIU)
ALL CONSORTIA PROJECT MANAGERS
ALL COUNTY REFUGEE CASH ASSISTANCE (RCA) PROGRAM
COORDINATORS
ALL COUNTY CASH ASSISTANCE FOR IMMIGRANTS (CAPI)
PROGRAM SPECIALISTS

SUBJECT: ADDENDUM TO EBT 2259: REVISED ELECTRONIC BENEFIT
THEFT REPLACEMENT FORM AND POLICY

REFERENCE: [ALL COUNTY LETTER \(ACL\) 21-133](#); [ACL 18-148](#); [WELFARE AND INSTITUTIONS CODE SECTION 10072](#); [ACL 13-67](#); [ALL COUNTY WELFARE DIRECTORS LETTER \(ACWDL\) DATED DECEMBER 31, 2012](#); [MANUAL OF POLICIES AND PROCEDURES \(MPP\) SECTIONS 16-705.4](#); [MPP 44-352.421](#) [MPP 20-003.1](#)

This All County Letter provides policy revisions to the requirements and claim process for replacing cash and CalFresh benefits that have been stolen via electronic theft. The California Department of Social Services (CDSS) is revising the EBT 2259 form and updating the benefit replacement policy to eliminate barriers in the electronic theft claim process for cardholders.

BACKGROUND

The Report of Electronic Theft of Benefits (EBT 2259) form is used by the cardholder to report electronic theft of cash and CalFresh benefits and receive a restoration of the stolen benefits. The EBT 2259 form must be filled out completely including the cardholder's signature and the date the form was completed. CWDs have a duty to assist cardholders in completing the EBT 2259 if the cardholder is unable to do so timely. Please refer to [ACL 13-67](#) for policy guidance on reimbursing electronic theft of cash benefits and [ACL 21-133](#) for reimbursing electronic theft of CalFresh food benefits.

Historically, cardholders have been required to file a police report with their local Law Enforcement Agency (LEA), as well as file a theft claim with the EBT vendor (via the EBT Customer Service Helpline) to complete the electronic theft claim process for cash benefits. Cardholders were not required to file a police report if only CalFresh benefits had been stolen.

CHANGES TO THE ELECTRONIC THEFT (EBT 2259) CLAIM FORM

The CDSS has updated policy and revised the EBT 2259 form to remove barriers that cardholders may face, as well as provide better instruction for completing the form.

The revised policy and EBT 2259 eliminates the following cardholder requirements:

- Filing a misdispense claim with the EBT vendor.
- Filing a police report with their local LEA.

EBT cardholders experiencing benefit theft are strongly encouraged to report instances of theft to their local LEA to criminal investigations and prosecutions. However, filing a police report is no longer required for benefit reimbursements.

The revised EBT 2259 adds the following:

- An updated instruction page to assist cardholders and CWDs in completing the revised form, as well as information about protecting their EBT card number and PIN
- Identification of the type of benefits stolen (i.e., food or cash) in the transactions section.

CHANGES TO THE EBT 2259 PROCESS FOR COUNTIES

Please consult [ACL 18-148](#) for policy guidance on reimbursing cash benefit theft and [ACL 21-133](#) for reimbursing food benefit theft. The established process for reporting EBT electronic theft of benefits is largely unchanged, with the single exception of a new

CDSS mailbox has been created for receiving EBT 2259 forms from counties. Henceforth, all processed EBT 2259 forms are to be sent to the new EBT2259@dss.ca.gov mailbox instead of the general CDSSEBT@dss.ca.gov mailbox.

Upon receipt of the EBT 2259, the CWD must review the form to ensure the cardholder has provided complete information. The CWD is responsible for processing EBT 2259 forms prior to submitting to the CDSS. The CWD must send a copy of the EBT 2259, with a signature from a CWD supervisor or above, to EBT2259@dss.ca.gov along with the cardholder's name and State Unique Identifier (SUID).

If the EBT 2259 form alleges scamming, the [EBT 2259A](#) form must also be included. The CWD must determine if the information provided is consistent with typical scamming practices. See [ACL 18-148](#) page four for information on typical scamming practices. If the claim is not consistent with typical scamming practices, the claim should be referred to the county's Special Investigative Unit (SIU) for investigation.

Assuming the report was made in a timely manner and upon receipt of a complete EBT 2259, the CWD has 10 business days to issue a benefit replacement following the receipt of a completed EBT 2259. If the cardholder is unable to complete the EBT 2259 and has reported benefit theft to the county, the CWD has the duty to assist with EBT 2259 completion within 10 business days. If the CWD is unable to process the claim within 10 business days of receipt of the EBT 2259, the CWD is required to replace the allegedly stolen benefits. This processing time period applies whether the theft is due to skimming or scamming and applies to the replacement of both food and cash benefits.

Electronic theft repayment may be pended for up to 25 calendar days if the CWD makes a referral for investigation based upon observation of conditions, knowledge of the case, other sources of information, or suspects fraud exists or has been attempted ([MPP section 20-003.1](#)).

Note: If the SIU determines an investigation will not be initiated, the electronic theft repayment will be issued immediately but no later than 25 calendar days from receipt of the completed EBT 2259.

Copies and Translations

Forms referenced in this letter are available on the [CDSS Forms/Brochures](#) webpage. When CDSS completes all translations of a form, they are posted on the [Translated Forms and Publications](#) webpage. When made available by CDSS, forms translated into an individual's preferred language must be provided to the individual pursuant to [Manual of Policies and Procedures \(MPP\) Section 21-115.2](#). For questions on translated materials, please contact Language Services at (916) 651-8876. If translations are not available, recipients who have elected to receive materials in

languages other than English should be sent the English version of the form or notice along with the [GEN 1365-Notice of Language Services](#) and a local contact number.

Per [Government Code Section 7290, et seq.](#), the CWDs must ensure that effective bilingual services are provided. This requirement may be met through utilization of paid interpreters, qualified bilingual employees, and qualified employees of other agencies or community resources. These services must be provided, free of charge, to the applicant/recipient. If CDSS does not provide translations of a form, it is the county's responsibility to read and interpret the form if an applicant or recipient requests it.

Additionally, the CWDs must provide auxiliary aids and services to persons who are deaf or hearing impaired, or persons with impaired speech, vision, or manual skills, where applicable. More information regarding provisions for services to applicants and recipients who have limited English proficiency or who have disabilities can be found in [MPP Section 21-115](#) and [ACL 19-45](#).

If you have any questions or need additional guidance regarding the information in this letter, contact the EBT Unit at CDSSEBT@dss.ca.gov.

Sincerely,

Original Document Signed By

RYAN GILLETTE
Deputy Director
Research, Automation, and Data Division

Attachment

REPORT OF ELECTRONIC THEFT OF BENEFITS

Instructions: Fill out this form completely and return it to your county worker. Any delays in the completion and/or submission of this form may cause a delay in the processing of your replacement.

INSTRUCTIONS FOR RECEIVING A REPLACEMENT OF ELECTRONICALLY STOLEN BENEFITS

If you think you are a victim of electronic theft of your CalFresh food benefits or cash benefits, go to your local county office to cancel your EBT card and get a new card. We recommend you change your Personal Identification Number (PIN) immediately.

You can also call the California EBT Customer Service Helpline. This is the only customer service phone number for EBT in California. A Customer Service Representative will cancel your card and give you a new one.

The California EBT Customer Service Helpline is open 24 hours a day, 7 days a week: 1-877-328-9677

- **TTY: 1-800-735-2929 (Telecommunications Relay Service for Hearing/Speech Impaired)**

You may get your EBT benefits replaced if:

- You had your EBT card with you when benefits were stolen from your EBT account.
- You cancelled your EBT card and got a new card by going to your local county office or by calling the California EBT Customer Service Helpline.
- You completely fill out the EBT 2259 and give it to your county worker.
- Your card was skimmed by electronic equipment taking your information without your knowledge.
- You were scammed into giving a third-party your EBT card number and personal identification number (PIN) to an unauthorized 3rd party that you believed to be the contracted EBT vendor, an approved retailer, or a government entity, but not more than one time in a 36-month period for cash benefits, and no more than two times in six months for food benefits.

EBT cash benefits cannot be replaced if:

- You do not turn in a completed EBT 2259 within 90 calendar days from the date of the electronic theft transaction.
- Your physical EBT card has been lost or stolen.
- You gave your EBT card number and/or PIN to someone you know and your benefits were stolen by them.

EBT food benefits cannot be replaced if:

- You do not report the stolen benefits within 10 calendar days of the electronic theft transaction.
- You do not turn in a completed EBT 2259 within 90 calendar days from the date of the electronic theft transaction.
- Your physical EBT card has been lost or stolen.
- You gave your EBT card number and/or PIN to someone you know and your benefits were stolen by them.

ELECTRONIC BENEFIT TRANSFER (EBT) IMPORTANT INFORMATION

- Immediately report lost or stolen EBT cards to the **California EBT Customer Service Helpline at 1-877-328-9677**. Your card will be cancelled and you will be provided with a new one.
- Electronic theft is a form of identity theft. Keep your EBT card Number and PIN safe!
- **Always cover the PIN pad when entering your PIN. Change your PIN regularly.**
- **DO NOT share your EBT Card Number, PIN, Social Security Number (SSN), or Date of Birth (DOB).** Do not trust text or phone calls that ask for this information. Any other phone number you are asked to call for EBT is likely a scam to steal your benefits. The State, County, and Federal government will NEVER ask for this information via text.
- If someone asks for your PIN, they are trying to steal your benefits. Do not give them your PIN!
- **DO NOT** carry your SSN with you.
- **NEVER** enter your PIN if you think someone is watching you. Someone could steal your EBT benefits if they know your EBT card number and PIN.
- **NEVER** tell your PIN to grocery store staff, farmers' market staff, or any cashier even if they ask for it.
- You can change your PIN anytime by calling **California EBT Customer Service Helpline at 1-877-328-9677** or by going into your local county public assistance office.
- Avoid common PINs. Your PIN should not be 1234, 1111 or 0000. These PINs are easy for thieves to guess.
- If you have other EBT cardholders in your household remind them to keep their EBT cards and PINs safe too. Someone who knows your card number, SSN, and your date of birth may be able to change your PIN.
- **DO NOT** shop at a store you believe may be stealing your personal information or benefits.
- **DO NOT** use your EBT card at an ATM or EBT machine that looks like it has been damaged or tampered with, it may be stealing your EBT card information and PIN.
- Please report any suspicious EBT activity to the California Fraud Hotline at: **1-800-344-8477**.
- To avoid EBT theft, you may be able to have your cash benefits directly deposited into your bank account. Contact your county worker or local county public assistance office to get more information.
- If you need help using your card, you may want to consider having someone you can trust listed as your authorized representative. Contact your county worker or local county public assistance office to get more information.

RECIPIENT INFORMATION

Last Name:	First Name:	Middle Initial:	EBT Card Number:	
Address (Street or P.O. Box):		City:	State:	Zip:
Phone Number:		Email Address:		

INCIDENT INFORMATION

I believe my benefits were stolen by:		
Skimming: The use of electronic equipment to take your information <u>without your knowledge</u> .	I was scammed <input type="checkbox"/>	My card was skimmed <input type="checkbox"/>
Scamming: Falsely convincing you to give your EBT personal information to someone else.	<i>If checked, please complete EBT 2259A.</i>	
I have had my EBT card with me at all times:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I last used my EBT card on:	Date:	At (Location):
If you were instructed to contact a suspicious phone number or go to a suspicious website, please provide that information below.		
Phone number you were instructed to contact:	Website you were instructed to visit:	

SUBJECT INFORMATION

<input type="checkbox"/> I have information about who stole my benefits. If yes, please provide information about that person.			
Last Name:	First Name:		Relationship To You:
Address:	City:	State:	Zip:
Additional information about the person and incident:			

TRANSACTIONS

Please list all the electronic theft transactions below. (Use additional pages if necessary)

Benefit Stolen (Cash or Food)	Transaction Date	Amount Stolen	Name of Location Where Theft(s) Occurred	Address of Location(s) of Theft

Please provide any additional information you feel is important to this incident.

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DECLARATION OF TRUTH

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete to the best of my knowledge. I understand that if I knowingly give wrong information or leave out information that I know to be true and I get benefits that I am not eligible for, I will be responsible for repayment, I can be disqualified from getting benefits, I can be fined and I can be charged with a crime.

Signature of Recipient:

Date:

Signature of Cardholder (If Different from Recipient):

Date:

COUNTY USE ONLY

APPROVED: <input type="checkbox"/>	DENIED: <input type="checkbox"/>	REASON FOR DENIAL: Requesting replacement SNB benefits <input type="checkbox"/> Requesting replacement TNB benefits <input type="checkbox"/>	
REFER FOR INVESTIGATION: <input type="checkbox"/>	County:	SUID:	Date:
County Worker Name (Please Print):		County Worker Phone Number:	County Worker Signature:
CWD Authorizing Signature (Supervisor or Above):		CWD Authorizing Name (Please Print):	
Title of CWD Authorizing:		CWD Authorizing Phone Number:	

COUNTY WELFARE DEPARTMENT! ONCE APPROVED OR DENIED BY A SUPERVISOR OR ABOVE, A COMPLETED COPY OF THIS FORM MUST BE SCANNED AND SENT VIA EMAIL TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES: EBT2259@DSS.CA.GOV. PLEASE BE SURE TO CHECK MARK APPROVED OR DENIED AND PROVIDE A CWD AUTHORIZING SIGNATURE BEFORE SUBMITTING. FAILURE TO DO SO MAY RESULT IN YOUR COUNTY NOT BEING REIMBURSED.